



CANDIDATE'S STATEMENT OF ORGANIZATION AND DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE

State Form 4604 (R15 / 5-19) Indiana Election Division (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE.

									FILE NUMB	ER
1. IS THIS AN AMENDMENT?	Ye	s ☑ No If Yes,	pleas	e enter the	file nu	ımbe	r in this box	. →	46-20-	30
SECTION A. CANDIDATE	INFO	RMATION: Fill	in all	applicable	box	es as	fully and	accurat	tely as possible.	
2. Last Name		irst Name		Middle Name			Nickname		3. Type of Committee	Z
Bergerson		Michael		S.					☑ Candidate's Princip☐ Exploratory Commit	THE PURPOSA DELIVERANCE OF THE PERSON OF THE
 Mailing Address (number and street, city, s 101 Virginia Court 	tate, and	ZIP code)		5. FA	XX (Opt	ional)		The state of the s	Address (Optional) bergy@comcas	t net
7. City	State	ZIP Code	8. Cou	intv ()	Q Told	ephone (Day)	tcam	10. Telephone (Evening)	t.HGt
Michigan City	IN	46360		orte			210807	4	,219, 2108074	
11. Party Affiliation ☑ Democratic ☐ Libertarian ☐ Repub	lican F	Othor	CONTRACT.	12. Office	Sought	(Includ	1	er, if any. N	lot required for an explorato	ry committee.)
SECTION B. COMMITTEE			in al							
13. Full Name of Committee (Do not abb	reviate.) Check if this is a	new n	ame.	, DOX	oo a	s rully arra	accura	icly as possible.	
Committee to Re-Elect	Mic	hael Bergerso	n							
14. Mailing Address (number and street, city, 101 Virginia Court	state, an	nd ZIP code)	f this is	a new address.	15. FA	X (Opt	ional)	16. E-mai	I Address (Optional)	
17. City	State	ZIP Code	18. Co	ounty	11	19. Te	lephone		20. Committee Organizati	on Date
Michigan City	IN	46360	Laf	Porte		210) ₇ 210807	4	^(mm/dd/yy) 01/02/	2020
21. Chairperson's Full Name ☐ Desi Michael S. Bergerson		Candidate as Chairperso	n. 🔽	Check if this is	a new	chairpe	erson.			
22. Mailing Address (number and street, city, 2304 Shorewood	state, ar	nd ZIP code)	f this is	a new address.	23. FA	X (Opt	tional)	24. E-mai	I Address (Optional)	
25. City	State	ZIP Code	26. C	ounty	10	27. Te	elephone (Day)		28. Telephone (Evening)	
Michigan City	IN	46360		orte			9, 331165		(219) 3311654	
29. Bank or Other Depositories (List all Horizon Bank N.A.	banks o	or other depositories in w	hich th	e committee dep	osits fu	nds, ho	olds accounts, re	nts safety	deposit boxes or maintains i	funds.)
30. Exploratory Committee (Give brief state	ement ex	nlaining numose of an explor	atory con	mittee only) 31	Salarie	e and	Reimhursemen	te (Will the	committee pay the candida	ote a salary or
Constitution of the state of th	omen en	planning purpose of all exploit	nory con						a copy of the contract.)	
SECTION C. APPOINTME	о ти	F TREASURER	(IC 3-	9-1-14)					*	
32. I, as Chairperson of the	for	egoing Person Appoi					Signature	of the Cor	mmittee Chairperson	
committee, appoint the following Treasurer of the Committee.	pers	on as Mary S.	Wei	ner			W	200	3/2	Y
	ate can	didate as treasurer.] Chec	k if this is a new	treasur	er.			0	
34. Mailing Address (number and street, city,	state, ar	nd ZIP code)	f this is	a new address.	35. FA	X (Opt	tional)	36. E-mai	il Address (Optional)	
123 Fogarty St.		100 000 00 11 000 000 000 00 1 1 1 1 1			,)	24,000,00 . 00	1250ta 1250ta 150	60 50 000 000 000 000 000 000 000 000 00	
37. City	State	ZIP Code	38. C		1.\		elephone (Day)	1	40. Telephone (Evening)	
Michigan City	IN	46360	Lal	Porte		219	9 ₎ 874100	00	(219) 8741000	
SECTION D. ACCEPTANCE							Control of the Control of the Control			
41. I give notice that I accept t							ignature of Po	erson Ac	cepting Appointment	
permitted for a candidate committ			anoc	committee (c	хосрі	us	11/0	ur \	ineael / lem	WX
		OF STATEMENT							FOR OFFICE USE	ONLY
We certify as the candidate and examined this statement. To the b								have	ILEI	
42. Typed or Printed Name of Cha					rect ar	iu coi	Date (mm/dd/yy		CLERKS OFFICE	
Michael S. Bergerson	Jr.	1400	51	8		Y	01/02/2	20		7
43. Typed or Printed Name of Can	didate	Signature of	Candi	date		7	Date (mm/dd/yy) .	JAN 1 7 2020	
Michael S. Bergerson		w; m		Led.	w	SIL	01/02/	20	7, 1 / LOLO	
Warning: State law requires that any concerns who knowingly files a fraudulent										7
accurate report as required by the India subject to civil penalties (IC 3-9-4-16, IC 3	na Can	npaign Finance Law co	mmits a	a Class B misd	emeano	r (IC 3	1-14-1-14), and r		house Bellished	URT



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? Yes

(CFA-4) Summary Sheet

FILE NUMBER

46-2030

TOTAL PAGES IN ENTIRE CFA-4 REPORT

10

COMMITTEE INFORMATION		一次的基础等的第三人称单	等的法是是
1. Full Name of Committee (as on Statement of Organization)			
2. Acronym or Abbreviated Name (if any)		ttee Telephone Number) 210-8074	
4. Mailing Address (Address where all campaign finance correspondence is received.) 101 VIRGINIA COURT	Check if this	is a new address.	
5. City, State, ZIP Code MICHIGAN CITY	6. Party A	ffiliation (if applicable)	
CANDIDATE INFORMATION (For Candidate's C	ommittees	s Only)	TO WAS THE
7. Full Name of Candidate (Include any nickname.) MICHAEL S. BERGERSON	8. Party A	ffiliation or If Independent	Candidate
9. Office Sought (Include district number, if any. Not required for exploratory committee.) JUDGE LAPORTE SUPERIOR COURT 1	10. Count	y of Residence DRTE	
TYPE OF REPORT		CONVENTION	CANDIDATES ONLY
11. Check one: Pre-Primary Pre-Election Annual Nomination Other		Check one:	
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Outgoing Treasurer (Within ten (10) days amend Sta	tement of Organi	zation.) Dost-Conve	ention
12. Reporting Period (mm/dd/yy): From: January 1, 2020 Through: April 10, 2020		COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.		00	
14. Cash on hand and investments January 1, current year.			00.00
CONTRIBUTIONS AND RECEIPTS	tr conference		
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)		6026.51	6026.51
15a. Itemized (Use Schedule A.)		00	00
15b. Unitemized 15c. Add lines 15a and 15b in both columns. SUB	TOTAL	00	00
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TOTAL	6026.51	6026.51
EXPENDITURES	TOTAL DESIGNATION OF THE PARTY	STATISTICS CONTRACTOR	
(Note: These amounts include in-kind expenditures and loan repayments.)			
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		1676.70	1676.70
17b. Unitemized		625.00	625.00
	BTOTAL	2301.70	2301.70
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	3724.81	3724.81
19. Debts OWED BY the committee (Use Schedule D.)		5,028.21	
20. Debts OWED TO the committee (Use Schedule E.)		00.00	
CERTIFICATION		EVEL SECTION OF THE PERSON OF	OR OFFICE USE ONLY
CERTIFICATION I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS	TRUE, CORRE		511 OT 1102 GGZ GTZ
Signature of Candidate (if applicable) WARNING: Any information contained in this repert pay not be copied for sale or used for any commercial purpose files a fraudulent report commits a Level 6 felony. (IC 3-14-1-14) A person who fails to file a complete or accur Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-14-1-14)	Da Da e. (IC 3-9-4-5) rate report as	ate (mm/dd/yy) ate (mm/dd/yy) A person who knowingly required by the Indiana	I I E D N CLERKS OFFICE APR 1 3 2020
		CLERK	Partyuffeliable &



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, retunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

	FILE	NUMBE	R	
	4	6-2030	W.	
Page	2	of	10	

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE RECEIVED (mm/dd/yy)
(street, number, city, state, ZIP code)	ON OTHER RECEIL !	PERIOD	YEAR-TO-DATE	RECEIVED BY
1. STEVEN C. SNYDER	Contributions:	T EI (100		
531 FRANKLIN STREET	☑ Direct			
MICHIGAN CITY, INDIANA 46360	☐ In-Kind (describe)			3/31/20
	Other Receipts:	1,000.00	1,000.00	
	☐ Interest ☐ Loan			
	Miscellaneous (specify)			MSB
Contributor's Occupation (if required) Attorney	:			
2.	Contributions:			
	Direct			
	In-Kind (describe)			
	Other Receipts:			
	Interest Loan			
	Miscellaneous (specify)			
Contributor's Occupation (if required)				
3.	Contributions:			
	Direct			
	In-Kind (describe)			
	5. 			
	Other Receipts:			
	Interest Loan			
	Miscellaneous (specify)			
Contributor's Occupation (if required)				
4.	Contributions:			
	Direct			
	☐ In-Kind (describe)			
	Other Receipts: Interest Loan			
	Miscellaneous (specify)			
	iniscending (specify)			
Contributor's Occupation (if required)				
5.	Contributions: Direct			
	In-Kind (describe)			
	III-Mila (describe)			
	Other Besslets:			
	Other Receipts: Interest Loan			
	Miscellaneous (specify)			
Contributor's Occupation (if required)				
1710500,500,500,000	THIS PAGE OF SCHEDULE A	\$ 1000.00		
TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITEM	A ON THE LAST PAGE ONLY 1 15a of the Summary Sheet.)	\$ 1000.00		



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

	FILE NUMBER					
	46	-2030				
Page	3	of	10			

CONTRIBUTOR'S FULL NAME AND	TYPE OF CONTRIBUTION	COLUMN A	COLUMN B	DATE RECEIVED (mm/dd/yy)
FULL MAILING ADDRESS (street, number, city, state, ZIP code)	OR OTHER RECEIPT	AMOUNT THIS PERIOD	CUMULATIVE YEAR-TO-DATE	RECEIVED BY
1. N/A	Contributions: Direct In-Kind (describe)	. 5.3.02		
	Other Receipts: Interest Loan Miscellaneous (specify)			
2.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
3.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
	THIS PAGE OF SCHEDULE A	\$ 00.00		
TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITEI	A ON THE LAST PAGE ONLY M 15a of the Summary Sheet.)	\$ 00.00		



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE A-3) CONTRIBUTIONS BY LABOR ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from labor organizations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE RECEIVED (mm/dd/yy)
1.	Contributions:	PERIOD	YEAR-TO-DATE	RECEIVED BY
	Direct			
N/A	In-Kind (describe)			
N/A	-			
	Other Receipts: Interest Loan			
	Miscellaneous (specify)			
	<u> </u>			
2.	Contributions:			
	☐ Direct☐ In-Kind (describe)			
	III-Kind (describe)			
	Other Receipts:			
	☐ Interest ☐ Loan			
	Miscellaneous (specify)			
3.	Contributions:			
	In-Kind (describe)			
	Other Receipts:			
	☐ Interest ☐ Loan ☐ Miscellaneous (specify)			
	Miscellaneous (specify)			
	Contributions			
4.	Contributions: Direct			
	☐ In-Kind (describe)			
	Other Receipts:			
	Miscellaneous (specify)			
	000 100			
5.	Contributions:			
	Direct			
	In-Kind (describe)			
	Other Receipts:			
	Interest Loan			
	Miscellaneous (specify)			
SUBTOTAL	THIS PAGE OF SCHEDULE A	\$ 00.00		
TOTAL OF ALL PAGES OF SCHEDULE A	A ON THE LAST PAGE ONLY 1 15a of the Summary Sheet.)	\$ 00.00		



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from political action committees OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from political condition committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER							
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Page _	5	of	10	_,			

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED (mm/dd/yy) RECEIVED BY
1. N/A	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)			
2.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)			
3.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)			
4.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)			
5.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)			
	THIS PAGE OF SCHEDULE A	\$ 00.00		
TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITEM	A ON THE LAST PAGE ONLY 115a of the Summary Sheet.)	\$ 00.00		



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE A-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from candidate's, legislative caucus, and regular party committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

	FILE	NUMBE	R					
	46-2030							
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CONTRIBUTOR'S FULL NAME AND	TYPE OF CONTRIBUTION	COLUMN A	COLUMN B	DATE RECEIVED (mm/dd/yy)
FULL MAILING ADDRESS (street, number, city, state, ZIP code)	OR OTHER RECEIPT	AMOUNT THIS PERIOD	CUMULATIVE YEAR-TO-DATE	RECEIVED BY
1. N/A	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
2.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			¥
3.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
SUBTOTAL	THIS PAGE OF SCHEDULE A	\$ 00.00		
TOTAL OF ALL PAGES OF SCHEDULE (Enter total on ITEM	A ON THE LAST PAGE ONLY 115a of the Summary Sheet.)	\$ 00.00		



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

	FILE	NUMB	ER	
	46	-2030)	
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(street, number, city, state, ZIP code)		TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE (mm/dd/yy)
Buy Cool Promotions 623 State Street LaPorte, Indiana	Vendor N/A	☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:	1676.70	1676.70	3/19/20
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
	SE OF SCHEDULE B	\$ 1676.70			
TOTAL OF ALL PA	GES OF SCHEDULE B ON THE (Enter total on ITEM 17a of to		\$ 1676.70		



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question, MUST be itemized on this schedule.

(CFA-4 SCHEDULE C) ITEMIZED EXPENDITURES For Public Questions

FILE NUMBER							
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Page	8	of	10				

			Page _	of	10
	PUBLIC QUESTIO	NINFORMATION			
Enter Text of Public Question.					
	1				
Type of Question: Statewide					
Position: Supported Oppo	sed	1			
RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE (mm/dd/yy)
Code		☐ Direct ☐ In-Kind			
		Payment of Debt			
		Returned Contribution Other			
N/A		Purpose:			
		V2000000 T07107007170			
		Г			
Code		☐ Direct ☐ In-Kind ☐ Payment of Debt			
		Returned Contribution			
		Other			
		Purpose:			
Code		☐ Direct ☐ In-Kind			
		Payment of Debt Returned Contribution			
		Other			
		Purpose:			
Code		☐ Direct ☐ In-Kind			
		Payment of Debt Returned Contribution			
		Other			
		Purpose:			
Code		☐ Direct ☐ In-Kind			
		Payment of Debt			
		Returned Contribution Other			
		Purpose:			
Code		☐ Direct ☐ In-Kind			
5000		☐ Payment of Debt			
		Returned Contribution			
		Other			
		. upour			
	SUBTOTAL THIS PAGE	GE OF SCHEDULE C	\$ 00.00		
TOTAL OF ALL PAG	GES OF SCHEDULE C ON TH	A DESCRIPTION OF THE PROPERTY			
. O I / LE I / NEE I / NEE I / NEE I / NEE	(Enter total on ITEM 17a of t		\$ 00.00		



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE D) DEBTS OWED BY THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED BY the committee during the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

	FILE	NUMBE	R	
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CREDITOR'S OR LENDER'S NAME AND MAILING ADDRESS	ENDORSER'S OR VENDOR'S NAME	S NAME AMOUNT		CUMULATIVE	OUTSTANDING
(street, number, city, state, ZIP code)	RESS AND MAILING ADDRESS (if any) (e, ZIP code) (street, number, city, state, ZIP code)		INCURRED (mm/dd/yy)	PAID YEAR-TO-DATE	BALANCE THIS PERIOD
Michael Bergerson 101 Virginia Court Michigan City 46360	N/A	5,026.51	1/20/20	00.00	5026.51
		LOAN	7720720	00.00	0020.01
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
ž.					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
SUBTOTAL THIS PAGE OF SCHEDULE D					
TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY (Enter total on ITEM 19 of the Summary Sheet.)					



(CFA-4 SCHEDULE E) DEBTS OWED TO THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly **IN BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, <u>regardless of the amount</u>, **OWED TO** the committee during the reporting period. Include all amounts the committee has loaned to others.

	FILE	NUMBE	R
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BORROWER'S NAME AND MAILING ADDRESS	AND MAILING ADDRESS AND MAILING ADDRESS (if any)		DATE DEBT INCURRED	CUMULATIVE PAID	OUTSTANDING BALANCE THIS	
(street, number, city, state, ZIP code)	(street, number, city, state, ZIP code)	NATURE OF DEBT	(mm/dd/yy)	YEAR-TO-DATE	PERIOD	
N/A						
<u>.</u>						
			-			
SUBTOTAL THIS PAGE OF SCHEDULE E						
TOTAL OF ALL PAGES OF SCHEDULE E ON THE LAST PAGE ONLY (Enter total on ITEM 20 of the Summary Sheet.)						



SUPPLEMENTAL "LARGE CONTRIBUTION" REPORT BY A CANDIDATE'S COMMITTEE (\$1,000 CONTRIBUTIONS OR MORE)

State Form 48492 (R6 / 5-19) Indiana Election Division (IC 3-9-5-20.1; 3-9-5-22)

INSTRUCTIONS: Only candidates receiving a "large contribution" are required to file this report. Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

(CFA-11)

FILE NUMBER

46-2030 He-20-30 **TOTAL PAGES IN ENTIRE CFA-11**

REPORT

IS THIS AN AMENDMENT? Yes 🗸						1	
Full Name of Candidate (Include any nickname.)	town a control of the control of		2. Committee		ımber	g +	
Michael S. Bergerson	- Check ii this is t	a new ndine.		210-807			L E D
3. Mailing Address (Address where all campaign file	nance corresponde	nce is received		this is a new			
101 Virginia Court						APR 2	8 2020
4. City	State	ZIP Code				lependent Candidate	0 7070
Michigan City	Indiana	46360		Demod	100000	K-11.	
6. Office Sought (Include district number, if any. No		oratory commit	tee.)	7. County of	L	CLERK OF LA PORT	E CIRCUIT COLIRT
Judge LaPOrte Superior Court 1				LaPort	е		
8. Reporting Period (mm/dd/yy): From: January 1, 2020	Through: Apri	1 30, 2020					
For classification, enter INDV for individual; PAC for political	action committee: CORI	P for corporation; I	AB for labor organ	nization; OTHER	for all entries w	hich are not one of the above	ve categories.
CONTRIBUTOR'S FULL NAME AND (FULL MAILING ADDRES (street, number, city, state, ZII	S	×	TYPE OF CONTRI		A	COLUMN A MOUNT OF NTRIBUTION	DATE RECEIVED (mm/dd/yy) RECEIVED BY
Classification 1. Steven C. Snyder		Contrib	utions				RECEIVED DI
531 Franklin Street		☑ Dir					
Michigan City, IN. 46360		□ In-	Kind (describe)				3/31/20
		-		-	\$	1,000.00	
			Receipts:		Ψ.	1,000.00	MSB
ī			erest	ecify)			IVIOD
Contributor's Occupation (if applicable) Attorney at I	_aw			_			
Classification 2.		Contrib	utions:				
Section (Section Control of Contr		☐ Dir	rect				
		☐ In-	Kind (describe)				
		-		-			
			Receipts: erest Loan				
		E 460000	scellaneous (spe	ecify)			
Contributor's Occupation (if applicable)				-			
Classification 3.		1,500,700,000,000	utions:				
		□ Di	rect Kind (describe)	1			
			rana (desembe)				
		Other	Receipts:	-			
			erest Loan				
		☐ Mi	scellaneous (spe	ecify)			
Contributor's Occupation (if applicable)				_			
	CERTIFICAT					FOR OFFIC	E USE ONLY
I CERTIFY THAT I HAVE EXAMINED THIS ST TRUE, CORRECT AND COMPLETE.	ATEMENT. TO T	HE BEST OF	MY KNOWLE	OGE AND B	ELIEF IT IS		
Signature of Treasurer	Title			Date (mm/dd/y	y)		
1 Hoy Shower	Treas	urer		April 2	2020		
ignature of Candidate (it applicable)				Date (mm/dd/y			
Widney ever	SI				2020		
Warning: Any information contained in this report mapperson who knowingly files a fraudulent report commit	ay not be copied for s s a Level 6 felony. (I	sale or used for a C 3-14-1-13) A p	any commercial person who fails t	ourpose. (IC 3	-9-4-5) A ete or accurate	,	
report as required by the Indiana Campaign Finance penalties. (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18)							



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? Yes

(CFA-4) **Summary Sheet**

FILE NUMBER

46-2030

TOTAL PAGES IN ENTIRE CFA-4 REPORT

10

Frage Alhabet

COMMITTEE INFORMATION						
1. Full Name of Committee (as on Statement of Organization)						
2. Acronym or Abbreviated Name (if any)		3. Committee Telephone Number (219) 210-8074				
4. Mailing Address (Address where all campaign finance correspondence is received.) 101 VIRGINIA COURT		this is a new	71			
5. City, State, ZIP Code MICHIGAN CITY		ty Affiliation	(if applicable)			
CANDIDATE INFORMATION (For Candidate's Co						
	8. Part		or If Independe	ent Candidate		
Office Sought (Include district number, if any. Not required for exploratory committee.) JUDGE LAPORTE SUPERIOR COURT 1		ounty of Res	idence			
TYPE OF REPORT		a wife of	CONVENTIO	ON CANDIDATES ONLY		
11. Check one: Pre-Primary Pre-Election Annual Nomination Other			Check one:	ALIST MARKET CATO		
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Utgoing Treasurer (Within ten (10) days amend Statem	nent of Org	ganization.)	Post-Co	nvention		
12. Reporting Period (mm/dd/yy): From: January 1, 2020 Through: May 8, 2020			LUMN A s Period	COLUMN B Year to Date		
13. Cash on hand and investments at the beginning of this reporting period.			00			
14. Cash on hand and investments January 1, current year.		St. LEGY		00		
CONTRIBUTIONS AND RECEIPTS						
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)						
15a. Itemized (Use Schedule A.)			6026.51	6026.51		
15b. Unitemized 15c. Add lines 15a and 15b in both columns. SUBTO	~~.		6026.51	00		
	**************************************			6026.51		
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B. EXPENDITURES	TAL		6026.51	6026.51		
(Note: These amounts include in-kind expenditures and loan repayments.)	4.5					
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)			1676.70	16,76.70		
17b. Unitemized			625.00	625.00		
17c. Add lines 17a and 17b in both columns.	TAL		2301.70	2301.70		
	OTAL		3,724.81	3,724.81		
19. Debts OWED BY the committee (Use Schedule D.)	77.11		5,028.21			
20. Debts OWED TO the committee (Use Schedule E.)			00.00			
CEPTEIGATION	Marcan			OD OFFICE HOF ONLY		
CERTIFICATION I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUIT	E CORR	PECT AND CO	200	OR OFFICE USE ONLY		
Signature of Treasurer Title Treasurer	D	ate (mm/dd. May10,	(VV)	CLERKS OFFICE		
Signature of Candidate (Mapplicable)		ate (mm/dd. May10,:	2020	MAY 1 1 2020		
WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC files a fraudulent report commits a Level 6 felony. (IC 3-14-1-13) A person who fails to file a complete or accurate in Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16)	report as	required by t	he Indiana	Krieger & Chiefer F.		



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

	FILE	NUMBI	R	Control of the Contro
	4	6-2030)	
Page	2	of	10	

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT		COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE RECEIVED (mm/dd/yy)
(street, number, city, state, ZIP code)	OR OTHER RECEIFT	32	PERIOD	YEAR-TO-DATE	RECEIVED BY
1. STEVEN C. SNYDER 531 FRANKLIN STREET MICHIGAN CITY, INDIANA 46360	Contributions: ☑ Direct ☐ In-Kind (describe)		LINIOD	TEAN OF SAILS	3/31/20
Contributor's Occupation (if required) Attorney	Other Receipts: Interest Loan Miscellaneous (specify)		1,000.00	1,000.00	MSB
2.	Contributions:	+			
	Direct In-Kind (describe)				
	Other Receipts: Interest Loan Miscellaneous (specify)				
Contributor's Occupation (if required)					
3.	Contributions: Direct In-Kind (describe)				
Contributor's Occupation (if required)	Other Receipts: Interest Loan Miscellaneous (specify)				
4.	Contributions:	-			
	☐ Direct ☐ In-Kind (describe)				
	Other Receipts: Interest Loan Miscellaneous (specify)				
Contributor's Occupation (if required)		_			
3 .	Contributions: Direct In-Kind (describe)				
	Other Receipts: Interest Loan Miscellaneous (specify)				
Contributor's Occupation (if required)					
74.00 F.20 C. SANSONES	HIS PAGE OF SCHEDULE A	\$	1000.00		
TOTAL OF ALL PAGES OF SCHEDULE A (Enter total on ITEM	ON THE LAST PAGE ONLY 15a of the Summary Sheet.)	\$	1000.00		



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER								
	46	-2030						
Page	3	of	10					

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE RECEIVED (mm/dd/yy)	
(street, number, city, state, ZIP code)	OR OTHER RECEIPT	PERIOD	YEAR-TO-DATE	RECEIVED BY	
1. N/A	Contributions: Direct In-Kind (describe)				
	Other Receipts: Interest Loan Miscellaneous (specify)				
2.	Contributions: Direct In-Kind (describe)				
	Other Receipts: Interest Loan Miscellaneous (specify)				
3.	Contributions: Direct In-Kind (describe)				
	Other Receipts: Interest Loan Miscellaneous (specify)				
4.	Contributions: Direct In-Kind (describe)				
	Other Receipts: Interest Loan Miscellaneous (specify)				
5.	Contributions: Direct In-Kind (describe)				
	Other Receipts: Interest Loan Miscellaneous (specify)				
SUBTOTAL	THIS PAGE OF SCHEDULE A	\$ 00.00			
TOTAL OF ALL PAGES OF SCHEDULE	A ON THE LAST PAGE ONLY	\$ 00.00			



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE A-3) CONTRIBUTIONS BY LABOR ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from labor organizations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

	FILE	NUMBE	R
	46	-2030	
Page _	4	of	10

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS	OR OTHER RECEIPT		AMOUNT THIS	COLUMN B CUMULATIVE	(mm/dd/yy)
(street, number, city, state, ZIP code)			PERIOD	YEAR-TO-DATE	RECEIVED BY
1.	Contributions: Direct In-Kind (describe)				
N/A	Other Receipts:				
2.	Miscellaneous (specify) Contributions:	-			
	☐ Direct ☐ In-Kind (describe)				
	Other Receipts: Interest Loan Miscellaneous (specify)				
3.	Contributions: Direct In-Kind (describe)				
	Other Receipts: Interest Loan Miscellaneous (specify)				
4.	Contributions: Direct In-Kind (describe)				
	Other Receipts: Interest Loan Miscellaneous (specify)				
5.	Contributions: Direct In-Kind (describe)				
	Other Receipts: Interest Loan Miscellaneous (specify)				
SUBTOTAL T	HIS PAGE OF SCHEDULE A	\$	00.00	Treatment 10 A fo	
TOTAL OF ALL PAGES OF SCHEDULE A		\$	00.00		



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from political action committees OVER \$100 per contribution, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from political action committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

	FILE	NUMB	ER	
	46	5-2030	į	
Page _	5	of	10	

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS	OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE RECEIVED (mm/dd/yy)	
(street, number, city, state, ZIP code)	OR OTHER RECEIPT	PERIOD	YEAR-TO-DATE	RECEIVED BY	
1. N/A	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)				
2.	Contributions:				
	Direct In-Kind (describe)				
	Other Receipts: Interest Loan Miscellaneous (specify)	8			
3.	Contributions: Direct In-Kind (describe)				
	Other Receipts: Interest Loan Miscellaneous (specify)				
4.	Contributions: Direct In-Kind (describe)				
	Other Receipts: Interest Loan Miscellaneous (specify)				
5.	Contributions: Direct In-Kind (describe)				
	Other Receipts: Interest Loan Miscellaneous (specify)				
SURTOTAL T	HIS PAGE OF SCHEDULE A	\$ 00.00	2 2 3 2 3 U	Salar Cara Made	
TOTAL OF ALL PAGES OF SCHEDULE A	ON THE LAST PAGE ONLY	\$ 00.00		200	



(CFA-4 SCHEDULE A-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from candidate's, legislative caucus, and regular party committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

	FILE	NUMBE	R	
	46	-2030		
Page _	6	of	10	

CONTRIBUTOR'S FULL NAME AND	OR OTHER RECEIPT	AMOUNT THIS	COLUMN B CUMULATIVE	(mm/dd/yy)
FULL MAILING ADDRESS (street, number, city, state, ZIP code)	OR OTHER RECEIPT	PERIOD	YEAR-TO-DATE	RECEIVED BY
1. N/A	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
2.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			×
3.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
SUBTOTAL	THIS PAGE OF SCHEDULE A	\$ 00.00		
TOTAL OF ALL PAGES OF SCHEDULE A	A ON THE LAST PAGE ONLY 115a of the Summary Sheet.)	\$ 00.00		



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

	FILE	NUMB	ER
	46	-2030)
Page _	7	_ of	10

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE (mm/dd/yy)
Code A Buy Cool Promotions 623 State Street LaPorte, Indiana	Vendor N/A	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	1676.70	1676.70	3/19/20
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
	SUBTOTAL THIS PAGE		\$ 1676.70	·	
TOTAL OF ALL PAG	GES OF SCHEDULE B ON THE	LAST PAGE ONLY	\$ 1676.70		



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question, MUST be itemized on this schedule.

(CFA-4 SCHEDULE C) ITEMIZED EXPENDITURES For Public Questions

	FILE	NUMBE	R	No.
	46	-2030		
Page _	8	of	10	

· 《 注意》(PUBLIC QUESTIO	N INFORMATION	22.42.44.65		
Enter Text of Public Question.					
	_			*	
	Local				
Position: Supported Oppo		TYPE OF EXPENDITURE	COLUMN A	COLUMN B	DATE OF
RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	and PURPOSE (be specific)	AMOUNT THIS PERIOD	CUMULATIVE YEAR-TO-DATE	EXPENDITURE (mm/dd/yy)
Code		☐ Direct ☐ In-Kind			
		Payment of Debt Returned Contribution			
N/A		Other			
		Purpose:			
		☐ Direct ☐ In-Kind			
Code		Payment of Debt			
		Returned Contribution Other			
		Purpose:			
Outs		☐ Direct ☐ In-Kind			
Code		Payment of Debt			
		Returned Contribution Other			
		Purpose:			
Code		☐ Direct ☐ In-Kind			
5665		Payment of Debt Returned Contribution			
		Other			
		Purpose:			
Code		☐ Direct ☐ In-Kind			
		Payment of Debt Returned Contribution			
		Other			
		Purpose:			
Code		☐ Direct ☐ In-Kind			
		Payment of Debt Returned Contribution			
		Other	İ		
		Purpose:			
	SUBTOTAL THIS PAG	E OF SCHEDULE C	\$ 00.00	A Contraction	E CONTRACT
TOTAL OF ALL PAG	ES OF SCHEDULE C ON THE (Enter total on ITEM 17a of the	LAST PAGE ONLY	\$ 00.00		



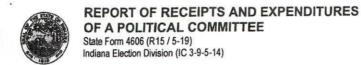
State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE D) DEBTS OWED BY THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED BY the committee during the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

	FILE	NUMBE	R	
	46	-2030		
Page _	9	of	10	

CREDITOR'S OR LENDER'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	ENDORSER'S OR VENDOR'S NAME AND MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	AMOUNT NATURE OF DEBT	DATE DEBT INCURRED (mm/dd/yy)	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
Michael Bergerson 101 Virginia Court Michigan City 46360	N/A	5,026.51	1/20/20	00.00	5026.51
LENDER'S OCCUPATION:		LOAN	1720720	00.00	0020101
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDERDO COSTRATION					
LENDER'S OCCUPATION:			-		
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:		SUBTOTA	L THIS PAGE O	F SCHEDULE D	\$ 5026.51
	TOTAL OF ALL	PAGES OF SCHEDULI	E D ON THE LA	ST PAGE ONLY	\$ 5026.51



(CFA-4 SCHEDULE E) DEBTS OWED TO THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED TO the committee during the reporting period. Include all amounts the committee has loaned to others.

	FILE	NUMBE	R	
	46-	2030		
Page _	10	of	10	

BORROWER'S NAME	CO-SIGNER'S NAME	ORIGINAL AMOUNT	DATE DEBT INCURRED	CUMULATIVE PAID	OUTSTANDING BALANCE THIS
AND MAILING ADDRESS (street, number, city, state, ZIP code)	AND MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	NATURE OF DEBT	(mm/dd/yy)	YEAR-TO-DATE	PERIOD
N/A					
			a		
	TOTAL OF A	SUBTOTA	LE E ON THE LA		\$ 00.00
	TOTAL OF A		TEM 20 of the S		\$ 00.00



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

(CFA-4) **Summary Sheet**

FILE NUMBER 46-2030 46-20-**TOTAL PAGES IN ENTIRE CFA-4 REPORT**

IS THIS AN AMENDMENT? Yes No		10	
COMMITTEE INFORMATION			
1. Full Name of Committee (as on Statement of Organization) Check if this is a new national COMMITTEE TO RE-ELECT MICHAEL BERGERSON	ame.		A THE RESERVE
2. Acronym or Abbreviated Name (if any)		elephone Number	
	(219) 2	210-8074	
4. Mailing Address (Address where all campaign finance correspondence is received.) 101 VIRGINIA COURT	neck if this is a r	ew address.	
5. City, State, ZIP Code MICHIGAN CITY	6. Party Affiliati DEMOCR	on (if applicable) AT	
CANDIDATE INFORMATION (For Candidate's Co	mmittees On	(y)	
7. Full Name of Candidate (Include any nickname.) MICHAEL S. BERGERSON	The second second second	on or If Independen	t Candidate
Office Sought (Include district number, if any. Not required for exploratory committee.) JUDGE LAPORTE SUPERIOR COURT 1	10. County of F		
TYPE OF REPORT		CONVENTION	CANDIDATES ONLY
11. Check one:		Check one:	
Pre-Primary Pre-Election Annual Nomination Other		Pre-Conve	ention
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Utgoing Treasurer (Within ten (10) days amend Staten	ent of Organization.)	Post-Conv	vention
12. Reporting Period (mm/dd/yy): From: January 1, 2020 Through: May 8, 2020		OLUMN A	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.		00	
14. Cash on hand and investments January 1, current year.	315	A STATE OF THE PARTY OF THE PAR	00
CONTRIBUTIONS AND RECEIPTS			
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)	The same	2000年第二十	
15a. Itemized (Use Schedule A.)		6026.51	6026.51
15b. Unitemized		00	00
15c. Add lines 15a and 15b in both columns.	TAL	6026.51	6026.51
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B.	TAL	6026.51	6026.51
EXPENDITURES			
(Note: These amounts include in-kind expenditures and loan repayments.)			
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		1676.70	16,76.70
17b. Unitemized		625.00	625.00
17c. Add lines 17a and 17b in both columns.	TAL	2301.70	2301.70
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	OTAL	3,724.81	3,724.81
19. Debts OWED BY the committee (Use Schedule D.)		5,028.21	A STATE OF THE REAL PROPERTY.
20. Debts OWED TO the committee (Use Schedule E.)		00.00	

CERTIFICATION		FOR OFFICE USE ONLY
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CO	DRRECT AND COMPLETE.	FILED
Signature of Treasurer Ineach Morner Treasurer	Date (mm/dd/yy) May10, 2020	IN CLERKS OFFICE
Signature of Caritidate (if applicable)	Date (mm/dd/yy) May10,2020	MAY 1 1 2020
WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-4 files a fraudulent report commits a Level 6 felony. (IC 6-14-1-13) A person who fails to file a complete or accurate report Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC	as required by the Indiana	Kottyrd Auda K.
	CI	RK OF LA PORTE CIRCLIT COLIR



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

	FILE	NUMBE	R AC	0
	4	6-2030)	
Page	2	of	10	

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B	DATE RECEIVED (mm/dd/yy)
(street, number, city, state, ZIP code)		PERIOD	YEAR-TO-DATE	RECEIVED BY
1. STEVEN C. SNYDER 531 FRANKLIN STREET	Contributions:			
MICHIGAN CITY, INDIANA 46360	Direct			
MICHIGAN OFFI, INDIANA 40300	☐ In-Kind (describe)			3/31/20
		4 000 00		
	Other Receipts: Interest Loan	1,000.00	1,000.00	
	Miscellaneous (specify)			1405
10	iniscellatieous (specify)			MSB
Contributor's Occupation (if required) Attorney				
2.	Contributions:			
	Direct			
	In-Kind (describe)			
	Other Receipts:			
	Miscellaneous (specify)			
Contributor's Occupation (if required)				
3.	Contributions:			
	In-Kind (describe)			
	Other Receipts:			
	Interest Loan			
*	Miscellaneous (specify)			
Contributed Comments of the state of				
Contributor's Occupation (if required)	0-12-12-12-			60
	Contributions:			
	In-Kind (describe)			
	Other Receipts:		-	
	☐ Interest ☐ Loan			
	Miscellaneous (specify)			
Contributor's Occupation (if required)			1	
5.	Contributions:			
	Direct			
	In-Kind (describe)			
	www.com			
	Other Receipts:		_	
	☐ Interest ☐ Loan			
	Miscellaneous (specify)			
Contributor's Occupation (if required)				
	US DACE OF COLUMN 5			
	HIS PAGE OF SCHEDULE A	\$ 1000.00		
TOTAL OF ALL PAGES OF SCHEDULE A	ON THE LAST PAGE ONLY	\$ 1000.00		



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

	FIL	E NUME	BER	
	46	-2030		
Page	3	of	10	

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED (mm/dd/yy) RECEIVED BY
1. N/A	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)	T ENIOD	TEARNOOMIE	
2.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)			
3.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)			
4.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)			
5.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)			
SUBTOTAL 1 TOTAL OF ALL PAGES OF SCHEDULE A	THIS PAGE OF SCHEDULE A	\$ 00.00		
(Enter total on ITEM	15a of the Summary Sheet.)	\$ 00.00		



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE A-3) CONTRIBUTIONS BY LABOR ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from labor organizations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

	FILE	NUMBE	R	
	46	-2030		
Page _	4	of	10	

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	AMOUNT THIS	COLUMN B CUMULATIVE	DATE RECEIVED (mm/dd/yy) RECEIVED BY
1. N/A	Contributions: Direct In-Kind (describe)	PERIOD	YEAR-TO-DATE	RECEIVED BY
	Other Receipts: Interest Loan Miscellaneous (specify)			
2.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
3.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
	HIS PAGE OF SCHEDULE A	\$ 00.00		TOTAL MARK
TOTAL OF ALL PAGES OF SCHEDULE A (Enter total on ITEM	ON THE LAST PAGE ONLY 15a of the Summary Sheet.)	\$ 00.00		



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from political action committees OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from political action committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

4	FILE	NUMB	ER	
	46	5-2030		
Page _	5	of	10	

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED (mm/dd/yy) RECEIVED BY
1. N/A	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)			
2.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)			
3.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)			
4.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)			
5.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)			
TOTAL OF ALL PAGES OF SCHEDULE A	ON THE LAST PAGE ONLY	\$ 00.00		
(Enter total on ITEM	15a of the Summary Sheet.)	\$ 00.00		



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE A-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from candidate's, legislative caucus, and repular party committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER						
	46	-2030				
Page _	6	of	10			

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS	OR OTHER RECEIPT	AMOUNT THIS	COLUMN B CUMULATIVE	(mm/dd/yy)
(street, number, city, state, ZIP code)		PERIOD	YEAR-TO-DATE	RECEIVED BY
1. N/A	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
2.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
.3.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
SUBTOTAL	THIS PAGE OF SCHEDULE A	\$ 00.00		
TOTAL OF ALL PAGES OF SCHEDULE		_		
	M 15a of the Summary Sheet.)	\$ 00.00		3. 3. 3. 3. 3.



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

	FILE	NUMB	ER	
	46	-2030)	
Page _	7	_ of _	10	

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE (mm/dd/yy)
Code A Buy Cool Promotions 623 State Street	Vendor	☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution	1676.70	1676.70	3/19/20
LaPorte, Indiana	N/A	Other Purpose:	1070.70	1070.70	3/13/20
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
	SUBTOTAL THIS PAG		\$ 1676.70		
TOTAL OF ALL PAG	LAST PAGE ONLY e Summary Sheet.)	\$ 1676.70			



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question, MUST be itemized on this schedule.

(CFA-4 SCHEDULE C) ITÈMIZED EXPENDITURES For Public Questions

	FILE	NUMBE	R	
	46	-2030		
Page	8	of	10	

Name and Printed Street, and the Party of th	PUBLIC QUESTIO	NUMEORMATION	Page_	0_0	
Enter Text of Public Question.	FUBLIC QUESTIO	NINFORWATION		SK	Y 254 (0.30)
Simple of the control					
Type of Question: Statewide	Local			.0.	
Position: Supported Oppo					
	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE	COLUMN A	COLUMN B	DATE OF
RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	KEON IEM O GOOD! ANOX	and PURPOSE (be specific)	AMOUNT THIS PERIOD	CUMULATIVE YEAR-TO-DATE	EXPENDITURE (mm/dd/yy)
Code		☐ Direct ☐ In-Kind			
Code		Payment of Debt			
h//A		Returned Contribution Other			
N/A		Purpose:			
Code		☐ Direct ☐ In-Kind			
		Payment of Debt Returned Contribution			
		☐ Other			
		Purpose:			
Code		☐ Direct ☐ In-Kind			
Code		Payment of Debt			
		Returned Contribution Other			
		Purpose:			
Code		☐ Direct ☐ In-Kind			
Code		Payment of Debt			
		Returned Contribution Other			
		Purpose:			
	, ē	☐ Direct ☐ In-Kind			
Code		Payment of Debt			
		Returned Contribution Other			
		Purpose:			
		☐ Direct ☐ In-Kind			
Code		Payment of Debt			
		Returned Contribution Other			
		Purpose:			
			22.22		
TOTAL OF ALL DAG	SUBTOTAL THIS PAG		\$ 00.00		
TOTAL OF ALL PAG	GES OF SCHEDULE C ON THE		\$ 00.00		

(Enter total on ITEM 17a of the Summary Sheet.)



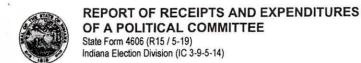
State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE D) DEBTS OWED BY THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED BY the committee during the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

FILE NUMBER						
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Page _	9	of	10			

CREDITOR'S OR LENDER'S NAME	ENDORSER'S OR VENDOR'S NAME AND MAILING ADDRESS (if any)	AMOUNT	DATE DEBT	CUMULATIVE PAID	OUTSTANDING BALANCE THIS
AND MAILING ADDRESS (street, number, city, state, ZIP code)	(street, number, city, state, ZIP code) (street, number, city, state, ZIP code)		INCURRED (mm/dd/yy)	YEAR-TO-DATE	PERIOD
Michael Bergerson 101 Virginia Court Michigan City 46360	N/A	5,026.51	1/20/20	00.00	5026.51
LEUTERO CONTRATO		LOAN			
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:			-		
*					
LENDER'S OCCUPATION:	_				
LENDER'S OCCUPATION.					
LENDER'S OCCUPATION:					
		SUBTOTAL	THIS PAGE O	F SCHEDULE D	\$ 5026.51
	TOTAL OF ALL	PAGES OF SCHEDULE (Enter total on I)	E D ON THE LA TEM 19 of the S	ST PAGE ONLY ummary Sheet.)	\$ 5026.51



(CFA-4 SCHEDULE E) DEBTS OWED TO THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED TO the committee during the reporting period. Include all amounts the committee has loaned to others.

	FILE	NUMBE	R	
	46-	2030		
Page _	10	of	10	

BORROWER'S NAME AND MAILING ADDRESS	CO-SIGNER'S NAME AND MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	ORIGINAL AMOUNT	DATE DEBT INCURRED	CUMULATIVE PAID	OUTSTANDING BALANCE THIS
(street, number, city, state, ZIP code)	(street, number, city, state, ZIP code)	NATURE OF DEBT	(mm/dd/yy)	YEAR-TO-DATE	PERIOD
N/A					
	-				
			*		
SUBTOTAL THIS PAGE OF SCHEDULE E					\$ 00.00
	TOTAL OF A	ALL PAGES OF SCHEDUL	E E ON THE LAS		\$ 00.00



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? ☐ Yes ✓ No

(CFA-4) Summary Sheet

Juliniary Chooc	
FILE NUMBER	
46-2030	
TOTAL PAGES IN ENTIRE CFA-4 REPORT	
10	

IS THIS AN AMIENDIMENT? Tes V NO	L	10	
COMMITTEE INFORMATION	(4) 建建筑	N. C. L. C. Ton Line	
1. Full Name of Committee (as on Statement of Organization) Check if this is a new r	name.		
2. Acronym or Abbreviated Name (if any)	3. Committee Tele (219) 21	ephone Number 0-8074	
4. Mailing Address (Address where all campaign finance correspondence is received.)	heck if this is a new	VALUE CONTROL TRANS	
101 VIRGINIA COURT	The tan V Tanasa V to		
5. City, State, ZIP Code MICHIGAN CITIN. 46360	6. Party Affiliation DEMOCRA		
CANDIDATE INFORMATION (For Candidate's C	ommittees Only)	的影响对话的	SEASON STATE
7. Full Name of Candidate (Include any nickname.) MICHAEL S. BERGERSON	8. Party Affiliation	or If Independent	Candidate
9. Office Sought (Include district number, if any. Not required for exploratory committee.) JUDGE, LAPORTE SUPERIOR COURT NO. 1	10. County of Res	sidence	
TYPE OF REPORT		CONVENTION	CANDIDATES ONLY
11. Check one: ☐ Pre-Primary Pre-Election ☐ Annual ☐ Nomination ☐ Other ☐ ☐ Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) ☐ Outgoing Treasurer (Within ten (10) days amend State	amount of Organization)	Check one: Pre-Conver	ntion
12. Reporting Period (mm/dd/yy):	RELIDERA		NASCESSA SALESCE
From: May 9, 2020 Through: October 9, 2020		LUMN A is Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.		3,724.81	
14. Cash on hand and investments January 1, current year.		KT. ZERY	0.00
CONTRIBUTIONS AND RECEIPTS			
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)	-53.54	4.250.00	4.050.00
15a. Itemized (Use Schedule A.) 15b. Unitemized		1,350.00	1,350.00
New York Control of the Control of t	OTAL	1,650.00 3,000.00	1,650.00 3,000.00
	OTAL	6,724.81	3,000.00
EXPENDITURES	OTAL	0,724.61	3,000.00
(Note: These amounts include in-kind expenditures and loan repayments.)			
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		5,576.70	
17b. Unitemized		0.00	0.00
17c. Add lines 17a and 17b in both columns.	TOTAL	5,576.70	0.00
18. Cash on hand and investments at close of this reporting period (Subtract 17c from 16 in both columns.)	TOTAL	1,148.11	3,000.00
19. Debts OWED BY the committee (Use Schedule D.)		6,000.00	
20. Debts OWED TO the committee (Use Schedule E.)		0.00	
OF PURIOUS AND ADDRESS OF THE PURIOUS AND ADDRES			OFFICE LICE ONLY
CERTIFICATION I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TO	RUE CORRECT AND C		R OFFICE USE ONLY
Signature of Treasurer Title TREASURER	Date (mm/c	id(yy) IN C	L E D LERKS OFFICE

CERTIFICATION		FOR OFFICE USE ONLY
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CO	ORRECT AND COMPLETE.	T T. F. D
Signature of Treasurer Title TREASURER	Date (mm/dd/yy) 10/12/20	V CLERKS OFFICE
Signature of Candidate (il applicable)	Date (mm/dd/yy) 10/12/20	OCT 1 5 2020
WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (IC 3-9-files a fraudulent report commits a Level 6 felony. (IC 3-(4-1-13) A person who fails to file a complete or accurate report Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC	t as required by the Indiana	Kergenge Chadack



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

	FILE	NUMBE	R	
	4	6-2030		
Page	2	of	10	

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED (mm/dd/yy) RECEIVED BY
1. JAMES STREZLECKI 12 ROYAL TROON DR. MICHIGAN CITY, IN. 46360,	Contributions: Direct In-Kind (describe)	-		7/16/20
Contributor's Occupation (if required)	Other Receipts: Interest Loan Miscellaneous (specify)	\$250.00	\$250.00	MSB
^{2.} ROBT. NAPLETON, ESQ. 400 SUNSET AVE. LAGRANGE, IL 60526	Contributions: Direct In-Kind (describe)			7/16/20
Contributor's Occupation (if required)	Other Receipts: Interest Loan Miscellaneous (specify)	\$150.00	\$150.00	MSB
3. ANNA MCNAMARA,ESQ. 5950 N. SHERIDAN RD. CHICAGO, ILLINOIS 60660	Contributions: Direct In-Kind (describe)			7/20/20
Contributor's Occupation (if required)	Other Receipts: Interest Loan Miscellaneous (specify)	\$500.00	\$500.00	MSB
4. MATTHEW MILLER EILEEN MILLER 2318 HAZELTINE LONG BEACH, IN.	Contributions: Direct In-Kind (describe)			10/4/20
Contributor's Occupation (if required)	Other Receipts: Interest Loan Miscellaneous (specify)	\$200.00	\$200.00	MSB
5. MARK PACELLI LAURA PACELLI 2937 RIDGE RD. LONG BEACH, IN 46360	Contributions: Direct In-Kind (describe)			10/7/20
Contributor's Occupation (if required)	Other Receipts: Interest Loan Miscellaneous (specify)	\$250.00	\$250.00	MSB
	THIS PAGE OF SCHEDULE A	\$ 1,350.00		
TOTAL OF ALL PAGES OF SCHEDULE A (Enter total on ITEM	ON THE LAST PAGE ONLY 15a of the Summary Sheet.)	\$ 1,350.00		2



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE A-3) CONTRIBUTIONS BY LABOR ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from labor organizations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

	FILE	NUMBE	R
	46	-2030	
Page _	4	of	10

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE RECEIVED (mm/dd/yy)
(street, number, city, state, ZIP code)	OR OTHER RECEIPT	PERIOD	YEAR-TO-DATE	RECEIVED BY
1. N/A	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan			
	Miscellaneous (specify)			
2.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
3.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
SUBTOTAL	THIS PAGE OF SCHEDULE A	\$ 0.00		
TOTAL OF ALL PAGES OF SCHEDULE A (Enter total on ITEM	A ON THE LAST PAGE ONLY 15a of the Summary Sheet.)	\$ 0.00		



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from political action committees OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from political action committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

	FILE	NUMBE	R	
	46	5-2030		
Page _	5	of	10	

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE RECEIVED (mm/dd/yy)	
(street, number, city, state, ZIP code)	OK OTHER RESERVE	PERIOD	YEAR-TO-DATE	RECEIVED BY	
1. N/A	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)	FENIOD	TEANTO-DATE		
2.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)				
3.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)				
4.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)				
5.	Contributions: Direct In-Kind (describe) Other Receipts: Interest Loan Miscellaneous (specify)				
SUBTOTAL T	HIS PAGE OF SCHEDULE A	\$ 0.00			
TOTAL OF ALL PAGES OF SCHEDULE A		\$ 0.00			



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE A-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from candidate's, legislative caucus, and regular party committee MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER 46-2030								

CONTRIBUTOR'S FULL NAME AND	TYPE OF CONTRIBUTION	COLUMN A	COLUMN B	DATE RECEIVED (mm/dd/yy)	
FULL MAILING ADDRESS (street, number, city, state, ZIP code)	OR OTHER RECEIPT	AMOUNT THIS PERIOD	CUMULATIVE YEAR-TO-DATE	RECEIVED BY	
1. N/A	Contributions: Direct In-Kind (describe)	LINOS	Hillor cases mite.	ra - me s	
	Other Receipts: Interest Loan Miscellaneous (specify)	n sab		Set at -1 - At -	
	Contributions: Direct In-Kind (describe)		in the set has	THE CHANGE	
e la igni ek i a da ma ve i al i de seu fekmen. En out i dent en and in i lida seus en al andere	Other Receipts: Interest Loan Miscellaneous (specify)	ego e povoj	n sytuay	SU BUTY!	
3. 9 15 1 3. 17 74 3. 9/2/3/4 3.14 3.14 3.	Contributions: Direct In-Kind (describe)		ensi ivitora ensu etnor	and Maria	
The plant of the p	Other Receipts: Interest Loan Miscellaneous (specify)	n es tilta	280	La Sent off nG	
4. A service and the service of the	Contributions: Direct In-Kind (describe)	1924	2	Company	
	Other Receipts: Interest Loan Miscellaneous (specify)	To a section of	- 10 3DAG	r let I all	
5. Land Line of the second and	Contributions: Direct In-Kind (describe)	- 100		7 7 JA O1	
	Other Receipts: Interest Loan Miscellaneous (specify)				
SUBTOTAL	THIS PAGE OF SCHEDULE A	\$ 0.00			
TOTAL OF ALL PAGES OF SCHEDULE		\$ 0.00			



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question, MUST be itemized on this schedule.

(CFA-4 SCHEDULE C) ITEMIZED EXPENDITURES For Public Questions

	FILE	NUMBE	R	
	46	-2030		
Page	8	of_	10	

			Page _	of _	10
Enter Text of Public Question.	PUBLIC QUESTIO	N INFORMATION			
N/A					
00 0000 00					
Type of Question: Statewide	11				
Position: Supported Oppo	Local				
		TYPE OF EXPENDITURE	COLUMN A	COLUMN B	DATE OF
RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION	and PURPOSE (be specific)	AMOUNT THIS PERIOD	CUMULATIVE YEAR-TO-DATE	EXPENDITURE (mm/dd/yy)
Code		☐ Direct ☐ In-Kind ☐ Payment of Debt			
		Returned Contribution			
		Other			
		Purpose:			
			_		
Code		☐ Direct ☐ In-Kind ☐ Payment of Debt			
		Returned Contribution			
		Other Purpose:			
Code		☐ Direct ☐ In-Kind			
		Payment of Debt Returned Contribution			
		Other			
		Purpose:			
Code		☐ Direct ☐ In-Kind			
Code		Payment of Debt			
		Returned Contribution Other			
		Purpose:			
Code		☐ Direct ☐ In-Kind ☐ Payment of Debt			
		Returned Contribution			
		Other Purpose:			
		i uipose.			
Code		☐ Direct ☐ In-Kind			
		Payment of Debt			
		Returned Contribution Other			
		Purpose:			
	CURTOTAL TURC DAG	DE OF COUEDING 5			
TOTAL OF ALL DAG	SUBTOTAL THIS PACES OF SCHEDULE C ON THE		\$ 0.00		
TOTAL OF ALL PAG	Enter total on ITEM 470 of	he Cumment Chart	\$		



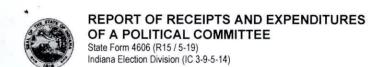
State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE D) DEBTS OWED BY THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED BY the committee during the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

	FILE	NUMBE	R	
	46	-2030		
Page _	9	of	10	

ENDORSER'S OR VENDOR'S NAME	AMOUNT	DATE DEBT	CUMULATIVE	OUTSTANDING		
AND MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	NATURE OF DEBT	(mm/dd/yy)	PAID YEAR-TO-DATE	BALANCE THIS PERIOD		
n/a	\$2,900.00	7/22/20	\$6,000,00	\$6,000.00		
	loan to pay dem, party and newsdispatch	7722720	ψο,σσσ.σσ	Ψ0,000.00		
				1		
	SUBTOTAL	. THIS PAGE O	F SCHEDULE D	\$ 6,000.00		
TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY						
	AND MAILING ADDRESS (if any) (street, number, city, state, ZIP code) n/a	AND MAILING ADDRESS (if any) (street, number, city, state, ZIP code) n/a \$2,900.00 ban to pay dem, party and newsdispatch SUBTOTAL TOTAL OF ALL PAGES OF SCHEDULE	AND MAILING ADDRESS (if any) (street, number, city, state, ZIP code) NATURE OF DEBT NATURE O	AND MAILING ADDRESS (if any) (street, number, city, state, ZIP code) NATURE OF DEBT NATURE O		



(CFA-4 SCHEDULE E) DEBTS OWED TO THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED TO the committee during the reporting period. Include all amounts the committee has loaned to others.

	FILE	NUMBE	R	
	46-	-2030		
Page _	10	of	10	

BORROWER'S NAME AND MAILING ADDRESS	CO-SIGNER'S NAME AND MAILING ADDRESS (if any)	ORIGINAL AMOUNT	DATE DEBT INCURRED	CUMULATIVE PAID	OUTS	TANDING NCE THIS
(street, number, city, state, ZIP code)	(street, number, city, state, ZIP code)	NATURE OF DEBT	(mm/dd/yy)	YEAR-TO-DATE	PE	RIOD
NONE			1			
		SUBTOTA	L THIS PAGE OF	SCHEDULE E	\$ (0.00
	TOTAL OF A	ALL PAGES OF SCHEDUL (Enter total on I	E E ON THE LAS		\$ (0.00



SUPPLEMENTAL "LARGE CONTRIBUTION" REPORT BY A CANDIDATE'S COMMITTEE

(\$1,000 CONTRIBUTIONS OR MORE)

State Form 48492 (R6 / 5-19) Indiana Election Division (IC 3-9-5-20.1; 3-9-5-22)

INSTRUCTIONS: Only candidates receiving a "large contribution" are required to file this report. Please type or print legibly **IN BLACK INK** all information on this form. For assistance in completing this form, see instructions on the reverse side.

(CFA-11)

FILE NUMBER 46-2030 **TOTAL PAGES IN ENTIRE CFA-11** REPORT

IS THIS AN AMENDMENT? ☐ Yes 🗸						1	
A Full Name of Condition Williams		OMMITTEE II					
1. Full Name of Candidate (Include any nickname.)	☐ Check if this is	a new name.	2. Committee	CONTRACTOR TO STATE OF THE STAT			
Michael S. Bergerson		191 2 12		210-807			
Mailing Address (Address where all campaign fine 101 Virginia Court	nance correspond	ence is received.)	f this is a new a	address.		
4. City	State	ZIP Code				pendent Candidate	
Michigan City	IN.	46360		DEMO	and the sect		
6. Office Sought (Include district number, if any. No	enakeninakerendek lauin	Ioratory committ	ee.)	7. County of			
Judge/LaPorte Superior Court 1				LAPOF	RTE		
8. Reporting Period (mm/dd/yy): From: October 10, 2020	Through: Nov	vember 6, 2	2020				
For classification, enter INDV for individual; PAC for political a	action committee: COF	RP for corporation; L	AB for labor organ	nization; OTHER	for all entries which	ch are not one of the abov	ve categories.
CONTRIBUTOR'S FULL NAME AND C FULL MAILING ADDRESS	S		TYPE OF CONTRI		AM	LUMN A DUNT OF	DATE RECEIVED (mm/dd/yy)
(street, number, city, state, ZIF					CONT	RIBUTION	RECEIVED BY
Classification 1. KENNNETH J. ALLEN L Corp 1109 GLENDALE BLVD.		Contribu					
VALPARAISO, IN. 46383			(ind (describe)				11/2/2020
				-	-		11/2/2020
		Other R	eceipts:		\$2,	00.00	
			erest Loan				COMM./CH.
		☐ Mis	cellaneous (spe	ecify)			
Contributor's Occupation (if applicable)		=		-			
Classification 2.		Contribu					
			(ind (describe)				
				_			
		Other R	eceipts:				
		Carrier Section	rest Loan	2000			
		☐ Mis	cellaneous (spe	ecify)			
Contributor's Occupation (if applicable)				-			
Classification 3.		Contribu					
			Kind (describe)				
			(
		Other R	eceints:				
			rest 🔲 Loan				
		☐ Mis	cellaneous (spe	ecify)			•
Contributor's Occupation (if applicable)				-			
	CERTIFICAT					INFOR OFFIC	E USE ONLY
I CERTIFY THAT I HAVE EXAMINED THIS ST	ATEMENT. TO T	HE BEST OF N	IY KNOWLED	OGE AND BE	LIEF IT IS	Markellohal	Escap
Signature of Treasurer	Title			Date (mm/dd/y))	2	
/ laux the burners	TREA	SURER		11/5	/2020	P 2020	AON
Signature of Canadidate (if applicable)				Date (mm/dd/yy		0000	ON
'Il' 'Jul	Duch			11/5	/2020		
Warning: Any information contained in this report ma	y not be copied for	sale or used for ar	ny commercial p	ourpose. (IC 3-	9-4-5) A	RKS OFFICE	
person who knowingly files a fraudulent report commits report as required by the Indiana Campaign Finance La	a Level 6 felony. (/ aw commits a class	B misdemeanor (rson who fails to IC 3-14-1-14), a	o file a comple and may be su	te or accurate bject to civil	C P T	



SUPPLEMENTAL "LARGE CONTRIBUTION" REPORT BY A CANDIDATE'S COMMITTEE

(\$1,000 CONTRIBUTIONS OR MORE)

State Form 48492 (R6 / 5-19) Indiana Election Division (IC 3-9-5-20.1; 3-9-5-22)

INSTRUCTIONS: Only candidates receiving a "large contribution" are required to file this report. Please type or print legibly **IN BLACK INK** all information on this form. For assistance in completing this form, see instructions on the reverse side.

(CFA-11)

FILE NUMBER

46-2030

TOTAL PAGES IN ENTIRE CFA-11 REPORT

1

IS THIS AN AMENDMENT? ☐ Yes 🗸					1	
4 Full Name of Conditate Water		OMMITTEE INFORMA				
Full Name of Candidate (Include any nickname.) Michael S. Bergerson	☐ Check if this is		ttee Telephon			
3. Mailing Address (Address where all campaign fir	nance correspond		eck if this is a r			
101 Virginia Court	,		ok ii tiilo lo a i	ion address.		
4. City	State	ZIP Code		Affiliation or If Inde	pendent Candidate	
Michigan City	IN.	46360		MOCRAT		
6. Office Sought (Include district number, if any. No		loratory committee.)		y of Residence		
Judge/LaPorte Superior Court 1			LAF	PORTE		
8. Reporting Period (mm/dd/yy): From: October 10, 2020	Through: NO	vember 6, 2020				
For classification, enter INDV for individual; PAC for political a			organization; O1	THER for all entries which	ch are not one of the abo	ve categories.
CONTRIBUTOR'S FULL NAME AND C		TYPE OF CO	NTPIRITION		LUMN A	DATE RECEIVED (mm/dd/yy)
FULL MAILING ADDRESS (street, number, city, state, ZIF		OR OTHER			OUNT OF TRIBUTION	RECEIVED BY
Classification 1. KENNNETH J. ALLEN L	AW GROUP	Contributions:				
Corp 1109 GLENDALE BLVD.		☑ Direct				
VALPARAISO, IN. 46383	3	☐ In-Kind (descri	be)			11/2/2020
		_	- J	\$2,	00.00	
		Other Receipts:	oan			сомм./сн.
		☐ Miscellaneous				
Contributor's Occupation (if applicable)						
Classification 2.		Contributions:				
		☐ Direct	.			
		☐ In-Kind (descri	be)			
		Other Receipts:				
		☐ Interest ☐ Lo	oan			
		☐ Miscellaneous	(specify)			
Contributor's Occupation (if applicable)						
Classification 3.		Contributions:				
		☐ In-Kind (descri	be)			
		Other Receipts:				
		☐ Interest ☐ Lo	an			
		☐ Miscellaneous	(specify)			
Contributor's Occupation (if applicable)						
LOSS TIEV THAT HAVE THE	CERTIFICAT				FOR OFFIC	E USE ONLY
I CERTIFY THAT I HAVE EXAMINED THIS STA TRUE, CORRECT AND COMPLETE.	A I EMENT. TO T	HE BEST OF MY KNOW	LEDGE AND	D BELIEF IT IS	l	
Signafure of Treasurer	Title		Date (mm	/dd/yy)	1	
Jan Larger	TREA	SURER		1/5/2020		
Signature of Candidate (If applicable)			Date (mm	/dd/yy)	1	
elve July IV	~ Sh			1/5/2020]	
Warning: Any information contained in this report in person who knowingly files a fraudulent report commits	Level 6 felony. (/	C 3-14-1-13) A person who fa	ails to file a cor	mplete or accurate		
report as required by the Indiana Campaign Finance La penalties. (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18)	commits a Class	B misdemeanor (IC 3-14-1-1	4), and may b	e subject to civil		



SUPPLEMENTAL "LARGE CONTRIBUTION" REPORT BY A CANDIDATE'S COMMITTEE

(\$1,000 CONTRIBUTIONS OR MORE)

State Form 48492 (R6 / 5-19) Indiana Election Division (IC 3-9-5-20.1; 3-9-5-22)

INSTRUCTIONS: Only candidates receiving a "large contribution" are required to file this report. Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

(CFA-11)

FILE NUMBER

46-2030

TOTAL PAGES IN ENTIRE CFA-11 REPORT

1

IS THIS AN AMENDMENT? ☐ Yes ☑						1	
		OMMITTEE I	loca bear never to				
Full Name of Candidate (Include any nickname.) Michael S. Bergerson	☐ Check if this is a	a new name.	2. Committee	Telephone Nu 210-807			
3. Mailing Address (Address where all campaign fir	nance corresponde	nce is received.		this is a new			
101 Virginia Court			, _				
4. City	State	ZIP Code				endent Candidate	
Michigan City	IN.	46360		DEMO	500		
6. Office Sought (Include district number, if any. No		oratory commit	tee.)	7. County of			
Judge/LaPorte Superior Court 1				LAPOR	RTE		
8. Reporting Period (mm/dd/yy): From: October 10, 2020	Through: Nov	ember 6, 2	2020				
For classification, enter INDV for individual; PAC for political a	ction committee: COR	P for corporation; L	AB for labor organ	nization; OTHER	for all entries whic	h are not one of the above	ve categories.
CONTRIBUTOR'S FULL NAME AND C FULL MAILING ADDRESS			TYPE OF CONTRI			LUMN A DUNT OF	DATE RECEIVED (mm/dd/yy)
(street, number, city, state, ZIF	code)		OR OTHER REC	EIPI	CONT	RIBUTION	RECEIVED BY
Classification 1. KENNNETH J. ALLEN L		Contrib					
1109 GLENDALE BLVD. VALPARAISO, IN. 46383			Kind (describe)				
VALPARAISO, IN. 40303	2		Masserano	_			11/2/2020
		Other F	Receipts:		\$2,0	00.00	
1			erest Loan			-	COMM./CH.
		☐ Mis	scellaneous (spe	ecify)			
Contributor's Occupation (if applicable)				-			
Classification 2.		Contrib					
			Kind (describe)				
		g-		_			
		Other F	Receipts:				
			erest 🗌 Loan				
		☐ Mis	scellaneous (spe	ecify)			
Contributor's Occupation (if applicable)		_ _		=			
Classification 3.		Contrib				_	
		ALCO 100 TO 100	Kind (describe)				
				_			
		Other F	Receipts:				
			erest Loan				
		☐ Mis	scellaneous (spe	ecify)			
Contributor's Occupation (if applicable)				-			
I CERTIFY THAT I HAVE EXAMINED THIS STA	CERTIFICAT ATEMENT. TO TH		MY KNOWLED	GE AND BI	ELIEF IT IS	FOR OFFIC	E USE ONLY
Signature of Treasurer	Title			Date (mm/dd/y	y)		
Vaur Vern	TREA	SURER		11/5	5/2020		
Signature of Candidate (il applicable)				Date (mm/dd/y	y)		
I ment was					5/2020		
Warning: Any information contained in this report ma person who knowingly files a fraudulent report commits	y not be copied for s	ale or used for a	ny commercial p	ourpose. (IC 3-	-9-4-5) A		
report as required by the Indiana Campaign Finance La penalties. (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18)	commits a Class	B misdemeanor	(IC 3-14-1-14), a	and may be su	bject to civil		
						1	



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

INSTRUCTIONS: Please type or print legibly **IN BLACK INK** all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? Yes V No

(CFA-4) Summary Sheet

FILE NUMBER

46-2030

TOTAL PAGES IN ENTIRE CFA-4 REPORT

15

COMMITTEE INFORMATION	5.11.6		
1. Full Name of Committee (as on Statement of Organization) Check if this is a new n	ame.		
2. Acronym or Abbreviated Name (if any)	3. Committee Tel		
Mailing Address (Address where all campaign finance correspondence is received.) 101 VIRGINIA COURT C	heck if this is a nev	1 20 3000000 11	
5. City, State, ZIP Code MICHIGAN CITY, INDIANA 46360	6. Party Affiliation DEMOCRA		
CANDIDATE INFORMATION (For Candidate's Co	ommittees Only		
7. Full Name of Candidate (Include any nickname.) MICHAEL S. BERGERSON	Party Affiliation DEMOCRA	or If Independent T	Candidate
9. Office Sought (Include district number, if any. Not required for exploratory committee.) JUDGE, LA PORTE SUPERIOR COURT NO. 1	10. County of Res	sidence	
TYPE OF REPORT		CONVENTION	CANDIDATES ONLY
11. Check one:		Check one:	
Pre-Primary Pre-Election Annual Nomination Other		☐ Pre-Conve	ntion
Final / Disbands Committee (Lines 18, 19, and 20 must be "0".) Utgoing Treasurer (Within ten (10) days amend State	ment of Organization.)	Post-Conve	ention
2. Reporting Period (mm/dd/yy):	co	DLUMN A	COLUMN B
From: October 10, 2020 Through: December 31, 2020		is Period	Year to Date
13. Cash on hand and investments at the beginning of this reporting period.		1,148.11	
14. Cash on hand and investments January 1, current year.			0.00
CONTRIBUTIONS AND RECEIPTS			
(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)			
15a. Itemized (Use Schedule A.) 15b. Unitemized		8,950.00	10,300.00
15c. Add lines 15a and 15b in both columns.	OTAL	1,940.00	3,590.00
			13,890.00
EXPENDITURES	OTAL	12,038.11	13,890.00
(Note: These amounts include in-kind expenditures and loan repayments.)			
17a. Itemized (Use Schedule B.) (Public Question: use Schedule C.)		4,180.00	9,756.70
17b. Unitemized		1,500.00	1,500.00
17c. Add lines 17a and 17b in both columns.	OTAL	5,680.00	11,256.70
	TOTAL	0.00	0.00
19. Debts OWED BY the committee (Use Schedule D.)		0.00	
20. Debts OWED TO the committee (Use Schedule E.)	-	F 0.00	第二字人 事业等
			4 6
CERTIFICATION		N CLEB	COFFICE USE ONLY
Signature of Candidate (if applicable) I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TR	Date (mm/c) 1/1/2	COMPLETE.	4 2021
11 - will evicer an	/1/1/2	021/	_
WARNING: Any information contained in this report may not be copied for sale or used for any commercial purpose. (If files a fraudulent report commits a Level 6 felony. (IC 3-14-1-13) A person who fails to file a complete or accurate Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-14)	C 3-9-4-5) A person we report as required by	2021 Langue Superior	OR COURT



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS

Itemized Contributions and Other Receipts

	FILE	NUME	BER	
	40	6-203	0	
Page _	2	of	15	

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE RECEIVED (mm/dd/yy)
(street, number, city, state, ZIP code)		PERIOD	YEAR-TO-DATE	RECEIVED BY
^{1.} Doug Robson 2911 Lothair Way (LB) Michigan City, In. 46360	Contributions: Direct In-Kind (describe)			10/13/20
Contributor's Occupation (if required)	Other Receipts: Interest Loan Miscellaneous (specify)	\$250.00	\$250.00	msb
2. Andrew Wolf Karen Wolf 2622 N. Shawnee Trl. LaPorte, In. 46350	Contributions: Direct In-Kind (describe)			10/13/20
Contributor's Occupation (if required)	Other Receipts: Interest Loan Miscellaneous (specify)	\$500.00	\$500.00	msb
3. Brian Fetzer Carolyn Fetzer 2102 Lake Shore Dr. Long Beach, In. 46360	Contributions: Direct In-Kind (describe) Other Receipts:	\$250.00	\$250.00	10/13/20
Contributor's Occupation (if required)	Interest Loan Miscellaneous (specify)	Ψ250.00	\$250.00	msb
4. Bruce Bradley 2313 Larchmont Ave. Long Beach, In. 46360	Contributions: Direct In-Kind (describe)			10/13/20
Contributor's Occupation (if required)	Other Receipts: Interest Loan Miscellaneous (specify)	\$200.00	\$200.00	msb
 5. Edward Austin, Esq. 650 North Dearborn St., Suite 750 Chicago, II. 60654 	Contributions: Direct In-Kind (describe)			10/13/20
Contributor's Occupation (if required)	Other Receipts: Interest Loan Miscellaneous (specify)	\$250.00	\$250.00	msb
SUBTOTAL	THIS PAGE OF SCHEDULE A	\$ 1,450.00		
TOTAL OF ALL PAGES OF SCHEDULE A	ON THE LAST PAGE ONLY	\$		



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS

Itemized Contributions and Other Receipts

	FILE NUMBER	
	46-2030	
Page	3 of 15	

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS OR OTHER RECEIPT		COLUMN A AMOUNT THIS	COLUMN B	DATE RECEIVED (mm/dd/yy)
(street, number, city, state, ZIP code)	OK OTHER REGENT	PERIOD	YEAR-TO-DATE	RECEIVED BY
1. James Mullins 2914 Lake Shore Dr. Long Beach, In. 46360	Contributions: Direct In-Kind (describe)			10/13/20
Contributor's Occupation (if required)	Other Receipts: Interest Loan Miscellaneous (specify)	\$300.00	\$300.00	msb
 Charles Oberlie 200 Autumn Trl. Michigan City, In. 46360 	Contributions: Direct In-Kind (describe)	0450.00	0450.00	10/13/20
Contributor's Occupation (if required)	Other Receipts: Interest Loan Miscellaneous (specify)	\$150.00	\$150.00	msb
3. Robt. Clark 601 S. Race St. Denver, Co. 80209	Contributions: Direct In-Kind (describe)	# 500.00	\$500.00	10/13/20
Contributor's Occupation (if required)	Other Receipts: Interest Loan Miscellaneous (specify)	\$500.00	\$500.00	msb
4. Daniel Klawiter 4127 Cherokee Dr. New Buffalo, Mi. 49117	Contributions: Direct In-Kind (describe)	****		10/13/20
Contributor's Occupation (if required)	Other Receipts: Interest Loan Miscellaneous (specify)	\$250.00	\$250.00	msb
^{5.} Brian Shannon 233 WildFlower LOn. La Grange, II. 60525	Contributions: Direct In-Kind (describe)			10/13/20
Contributor's Occupation (if required)	Other Receipts: Interest Loan Miscellaneous (specify)	\$250.00	\$250.00	msb
SUBTOTAL T	HIS PAGE OF SCHEDULE A	\$ 1,450.00		
TOTAL OF ALL PAGES OF SCHEDULE A	ON THE LAST PAGE ONLY	\$		- 1



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS

Itemized Contributions and Other Receipts

	FILE NUMBER	
	46-2030	
Page _	4 of 15	

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS	OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE RECEIVED (mm/dd/yy)
(street, number, city, state, ZIP code)		PERIOD	YEAR-TO-DATE	RECEIVED BY
1. Wm. Sullivan 2524 La Kshore Dr. Long Beach, 46350	Contributions: Direct In-Kind (describe)			10/13/20
Contributor's Occupation (if required)	Other Receipts: Interest Loan Miscellaneous (specify)	\$500.00	\$500.00	msb
2. Bernard Konrady Susanne Konrady 230 Sunset Trl. Michiana Shores, In. 46360	Contributions: Direct In-Kind (describe)			10/13/20
Contributor's Occupation (if required)	Other Receipts: Interest Loan Miscellaneous (specify)	\$250.00	\$250.00	msb
3. Chris Schuba Catherine Schuba 11432 Marquette Dr. New Buffalo, Mi. 49117	Contributions: Direct In-Kind (describe) Other Receipts:	\$250.00	\$250.00	10/13/20
Contributor's Occupation (if required)	Interest Loan Miscellaneous (specify)	\$250.00	\$250.00	msb
4. Gordon Fitzsimmons 12807 Forsgate Pl. Lakewood Ranch, FL. 34202	Contributions: Direct In-Kind (describe)			10/13/20
Contributor's Occupation (if required)	Other Receipts: Interest Loan Miscellaneous (specify)	\$500.00	\$500.00	msb
5. Carol Hogan Edward Hogan 1514 Lake Shore Dr. Michigan City, In 46360	Contributions: Direct In-Kind (describe)			10/13/20
Contributor's Occupation (if required)	Other Receipts: Interest Loan Miscellaneous (specify)	\$500.00	\$500.00	msb
SUBTOTAL	THIS PAGE OF SCHEDULE A	\$ 2,000.00		
TOTAL OF ALL PAGES OF SCHEDULE		\$		



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS

Itemized Contributions and Other Receipts

	FILE NUMBER	
	46-2030	
Page _	5_of_15	

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS TYPE OF CONTRIBUTION OR OTHER RECEIPT		COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE RECEIVED (mm/dd/yy)
(street, number, city, state, ZIP code)	ON OTHER RESERVE	PERIOD	YEAR-TO-DATE	RECEIVED BY
1. John Zachary III 1357 Claridge Way Carmel, In. 46032	Contributions: Direct In-Kind (describe)			10/13/20
Contributor's Occupation (if required)	Other Receipts: Interest Loan Miscellaneous (specify)	\$500.00	\$500.00	msb
² Daniel HeidKamp 5015 Woodland Ave. Western Springs, II 60558	Contributions: Direct In-Kind (describe)			10/13/20
Contributor's Occupation (if required)	Other Receipts: Interest Loan Miscellaneous (specify)	\$250.00	\$250.00	msb
3. Daniel Conrad 2124 Colby Dr. McHenry, III. 60050	Contributions: Direct In-Kind (describe)	\$200.00	2000.00	10/13/20
Contributor's Occupation (if required)	Other Receipts: Interest Loan Miscellaneous (specify)	\$200.00	\$200.00	msb
4. Patrick Hogan Ginnie Hogan 1907 LaKe Shore Drive Long Beach, In. 46360	Contributions: Direct In-Kind (describe)			10/13/20
Contributor's Occupation (if required)	Other Receipts: Interest Loan Miscellaneous (specify)	\$200.00	\$200.00	msb
5. Fred Krol Jr. 950 W. Huron St./ Unit 607 Chicago, II. 60642	Contributions: Direct In-Kind (describe)			10/13/20
Contributor's Occupation (if required)	Other Receipts: Interest Loan Miscellaneous (specify)	\$200.00	\$200.00	msb
SUBTOTAL 1	HIS PAGE OF SCHEDULE A	\$ 1,350.00		
TOTAL OF ALL PAGES OF SCHEDULE A (Enter total on ITEM	ON THE LAST PAGE ONLY	\$		



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS

Itemized Contributions and Other Receipts

	FILE	NUMB	ER
	46	6-2030)
Page	6	of	15

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS	OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE RECEIVED (mm/dd/yy)
(street, number, city, state, ZIP code)	OR OTHER RECEIPT	PERIOD	YEAR-TO-DATE	RECEIVED BY
1. John Wojcik Julie Wojcik 109 Beverly Court Michigan City, In. 46360	Contributions: Direct In-Kind (describe)			10/13/20
Contributor's Occupation (if required)	Other Receipts: Interest Loan Miscellaneous (specify)	\$500.00	\$500.00	msb
2.	Contributions:			
	Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
Contributor's Occupation (if required)				
3.	Contributions: Direct In-Kind (describe)			
Contributor's Occupation (if required)	Other Receipts: Interest Loan Miscellaneous (specify)			
4.	Contributions:			
	Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
Contributor's Occupation (if required)				
5.	Contributions: Direct In-Kind (describe)			
Contributor's Occupation (if required)	Other Receipts: Interest Loan Miscellaneous (specify)			
	THIS PAGE OF SCHEDULE A	\$ 500.00		
TOTAL OF ALL PAGES OF SCHEDULE		\$		
(Enter total on ITEN	1 15a of the Summary Sheet.)	J		



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

	FILE	NUM	BER
	46-	2030	
Page	7	of _	15

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE RECEIVED (mm/dd/yy)
(street, number, city, state, ZIP code)		PERIOD	YEAR-TO-DATE	RECEIVED BY
 Kenneth J. Allen Law Group 1109 E. Glendale Blvd. Valparaiso, In 46383 	Contributions: Direct In-Kind (describe)			11/2/20
	Other Receipts: Interest Loan Miscellaneous (specify)	\$2,000.00	\$2,000.00	msb
 L. Wall Constructors LLC. 117 West 7th Street Michigan City, In 46360 	Contributions: Direct In-Kind (describe)	\$200.00	\$200.00	10/27/20
	Other Receipts: Interest Loan Miscellaneous (specify)	\$200.00	\$200.00	msb
3.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
SURTOTAL	THIS PAGE OF SCHEDULE A	\$ 2,200.00		
TOTAL OF ALL PAGES OF SCHEDULE		\$ 2,200.00		



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE A-3) CONTRIBUTIONS BY LABOR ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from labor organizations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

	FILE N	UMB	ER
	46-	2030)
Page _	8	of _	12

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS	OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE RECEIVED (mm/dd/yy)
(street, number, city, state, ZIP code)		PERIOD	YEAR-TO-DATE	RECEIVED BY
1. N/A	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
2.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
3.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
SUBTOTAL T	HIS PAGE OF SCHEDULE A	\$ 0.00		
TOTAL OF ALL PAGES OF SCHEDULE A (Enter total on ITEM	ON THE LAST PAGE ONLY 15a of the Summary Sheet.)	\$		



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from political action committees OVER \$100 per contribution, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from political action committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

	FILE	NUME	BER	
	46	5-2030	0	
Page _	9	of _	15	

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE	DATE RECEIVED (mm/dd/yy)
(street, number, city, state, ZIP code)	OK OTHER RESERVE	PERIOD	YEAR-TO-DATE	RECEIVED BY
1. N/A	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
2.	Contributions: Direct In-Kind (describe)			
Î	Other Receipts: Interest Loan Miscellaneous (specify)			
3.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
4.	Contributions: Direct In-Kind (describe) Other Receipts:			
	☐ Interest ☐ Loan ☐ Miscellaneous (specify)			
5.,	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
	THIS PAGE OF SCHEDULE A	\$ 0.00		
TOTAL OF ALL PAGES OF SCHEDULE / (Enter total on ITEN	A ON THE LAST PAGE ONLY 115a of the Summary Sheet.)	\$		



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE A-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from candidate's, legislative caucus, and regular party committee MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

	FILE	NUMB	ER	
	46	-2030	VI.	
Page _	10	of	15	

CONTRIBUTOR'S FULL NAME AND	TYPE OF CONTRIBUTION	COLUMN A	COLUMN B	DATE RECEIVED
FULL MAILING ADDRESS	OR OTHER RECEIPT	AMOUNT THIS PERIOD	CUMULATIVE	(mm/dd/yy) RECEIVED BY
(street, number, city, state, ZIP code) 1. N/A	Contributions:	PERIOD	YEAR-TO-DATE	RECEIVED BY
TVA	Direct			
	In-Kind (describe)			
	Other Receipts:			
	☐ Interest ☐ Loan ☐ Miscellaneous (specify)			
	Miscellaneous (specify)			
2.	Contributions:			
2.	Direct			
	In-Kind (describe)			
	Other Receipts:			
	☐ Interest ☐ Loan			
	Miscellaneous (specify)			
3.	Contributions: Direct			
	In-Kind (describe)			
	Other Receipts:			
	Interest Loan			
	Miscellaneous (specify)			
4.	Contributions: Direct			
	☐ In-Kind (describe)			
	Other Receipts:		1	
	☐ Interest ☐ Loan			
	Miscellaneous (specify)			
5.	Contributions: Direct			
	In-Kind (describe)			
	Other Receipts:		-	
	☐ Interest ☐ Loan			
	Miscellaneous (specify)			
SUBTOTAL T	HIS PAGE OF SCHEDULE A	\$ 0.00		
TOTAL OF ALL PAGES OF SCHEDULE A	ON THE LAST PAGE ONLY			
	15a of the Summary Sheet.)	\$		



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE A-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of amount from candidate's, legislative caucus, and regular party committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

	FILE	NUMB	ER	
	46	-2030)	
Page _	-11	of	12	

CONTRIBUTOR'S FULL NAME AND	TYPE OF CONTRIBUTION	COLUMN A	COLUMN B	DATE RECEIVED (mm/dd/yy)
FULL MAILING ADDRESS (street, number, city, state, ZIP code)	OR OTHER RECEIPT	AMOUNT THIS PERIOD	CUMULATIVE YEAR-TO-DATE	RECEIVED BY
1. N/A	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
2.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
3.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
4.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
5.	Contributions: Direct In-Kind (describe)			
	Other Receipts: Interest Loan Miscellaneous (specify)			
SUBTOTAL ⁻	THIS PAGE OF SCHEDULE A	\$ 0.00		
TOTAL OF ALL PAGES OF SCHEDULE				
(Enter total on ITEM	15a of the Summary Sheet.)	\$ 8,900.00		



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE B) ITEMIZED EXPENDITURES

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) MUST be itemized on this schedule.

FILE NUMBER
46-2030
Page 12 of 15

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE (mm/dd/yy)
Decal Arts & Signs 5648 N US 35 La Porte, In. 46350	vendor	☐ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ☐ Purpose:	\$171.20	\$171.20	11/2/20
Code A WEFM RADIO 1903 Springland Ave Michigan City, In. 46460	vendor	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	\$400.00	\$800.00	10/7/20
Code A WIMS RADIO Michigan City, Indiana	vendor	Direct In-Kind Payment of Debt Returned Contribution Other Purpose:	\$600.00	\$600.00	10/19/20
Code A WLOI/WCOE RADIO 1700 Lincolnway Place LaPorte, In 46350	vendor	☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ☐ Purpose:	\$1,000.00	\$1,000.00	10/19/20
NEWSPAPER SERVICES 422 Franklin Street Michigan city In. 46360	vendor	☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other ☐ Purpose:	\$1,689.00	\$2,789.00	10/29/20
Code A WESTVILLE PRINTING 361 MAIN ST. WESTVILLE, IN. 46391	vendor	☑ Direct ☐ In-Kind ☐ Payment of Debt ☐ Returned Contribution ☐ Other Purpose:	\$320.00	\$320.00	10/27/20
Code		Direct In-Kind Payment of Debt Returned Contribution Other Purpose:			
SUBTOTAL THIS PAGE OF SCHEDULE B					
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet.)			\$ 4,180.00		



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question, MUST be itemized on this schedule.

(CFA-4 SCHEDULE C) ITEMIZED EXPENDITURES For Public Questions

	FILE N	UMBE	ĒR	
	46-2	2030		
Page _	13	of_	15	

			Page _	13 of_	15
Enter Text of Public Question.	PUBLIC QUESTIO	N INFORMATION			
Litter Text of Fubilit Question.					
Type of Question: Statewide	Local				
Position: Supported Oppos					
RECIPIENT'S NAME AND MAILING ADDRESS	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE	COLUMN A	COLUMN B	DATE CF
(street, number, city, state, ZIP code)	NEON LETT O GOOD! ATTOM	and PURPOSE (be specific)	AMOUNT THIS PERIOD	CUMULATIVE YEAR-TO-DATE	EXPENDITURE (mm/dd/yy)
Code		☐ Direct ☐ In-Kind			
N/A		Payment of Debt Returned Contribution			
		Other			
		Purpose:			
Code		☐ Direct ☐ In-Kind ☐ Payment of Debt			
		Returned Contribution			
		Other Purpose:			
		ruipose.			
Code		☐ Direct ☐ In-Kind			
		Payment of Debt Returned Contribution			
		Other			
		Purpose:			
Code		☐ Direct ☐ In-Kind			
		Payment of Debt Returned Contribution			
		☐ Other			
		Purpose:			
Code		☐ Direct ☐ In-Kind			
		Payment of Debt Returned Contribution			
		Other			
		Purpose:			
Code		☐ Direct ☐ In-Kind			
,		Payment of Debt			
		Returned Contribution Other			
		Purpose:			
	SUBTOTAL THIS PAG	SE OF SCHEDULE C	\$ 0.00		
	ES OF SCHEDULE C ON THI	E LAST PAGE ONLY	200		
	(Enter total on ITEM 17a of t	he Summary Sheet)	\$ 0.00		



State Form 4606 (R15 / 5-19) Indiana Election Division (IC 3-9-5-14)

(CFA-4 SCHEDULE D) DEBTS OWED BY THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED BY the committee during the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

FILE NUMBER						
	46-	2030				
Page	14	of _	15			

CREDITOR'S OR LENDER'S NAME AND MAILING ADDRESS	ENDORSER'S OR VENDOR'S NAME AND MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	AMOUNT	DATE DEBT INCURRED	CUMULATIVE PAID	OUTSTANDING BALANCE THIS PERIOD	
(street, number, city, state, ZIP code)		NATURE OF DEBT	(mm/dd/yy)	YEAR-TO-DATE		
Michael S. Bergerson 101 Virginia Court Michigan City, IN. 46360	n/a	\$2,000.00	mulitiple	\$8,000.00	\$0.00	
LENDER'S OCCUPATION: Judge/Candidate		loan to committee	mamapic	40,000.00	Ψ0.00	
LENDER'S OCCUPATION:						
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SUBTOTAL THIS PAGE OF SCHEDULE D					\$ 2,000.00	
TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY (Enter total on ITEM 19 of the Summary Sheet.)					\$ 8,000.00	



(CFA-4 SCHEDULE E) DEBTS OWED TO THIS COMMITTEE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED TO the committee during the reporting period. Include all amounts the committee has loaned to others.

	FILE NUMBER	
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BORROWER'S NAME AND MAILING ADDRESS	CO-SIGNER'S NAME AND MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	ORIGINAL AMOUNT DATE DEB			01	UTSTANDING
(street, number, city, state, ZIP code)		NATURE OF DEBT	INCURRED (mm/dd/yy)	PAID YEAR-TO-DATE	BALANCE THIS PERIOD	
N/A						
SUBTOTAL THIS PAGE OF SCHEDULE E					\$	0.00
TOTAL OF ALL PAGES OF SCHEDULE E ON THE LAST PAGE ONLY (Enter total on ITEM 20 of the Summary Sheet.)					\$	0.00